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APPLICANTS

Toshifumi Masaki, Tochigi, JAPAN;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Verified and Acknowledged	JESSICA T STULTZ/ Examiner's Signature	Initials	Met after Allowance	JAPAN	13	13 2	3 1

ADDRESS

MORGAN & FINNEGAN, L.L.P.
 3 WORLD FINANCIAL CENTER
 NEW YORK, NY 10281-2101
 UNITED STATES

TITLE

Ophthalmologic apparatus

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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